2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000010350

Entity Name: ADULT MEDICINE OF BROWARD AND PALM BEACH COUNTIES, PL

FILED Apr 21, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

ONE WEST SAMPLE RD, ONE MEDICAL PLAZA 3467 W HILLSBORO BLVD

STE NO. 203 STE A

POMPANO BEACH, FL 33064 DEERFIELD BEACH, FL 33442

Current Mailing Address: New Mailing Address:

ONE WEST SAMPLE RD, ONE MEDICAL PLAZA 3467 W HILLSBORO BLVD

STE NO. 203 STE A
POMPANO BEACH, FL 33064 DEERFIELD BEACH, FL 33442

FEI Number: 20-0577484 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SILVERMAN, JOEL I D.O.
ONE WEST SAMPLE RD, ONE MEDICAL PLAZA
SILVERMAN, JOEL I D.O.
3467 W HILLSBORO BLVD

STE NO. 203 STE A
POMPANO BEACH, FL 33064 US DEERFIELD BEACH, FL 33442 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JOEL I SILVERMAN 04/21/2006

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: () Change () Addition

 Name:
 SILVERMAN, JOEL I D.O.
 Name:

 Address:
 7562 NW 51ST PL
 Address:

 City-St-Zip:
 CORAL SPRINGS, FL 33067 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOEL I SILVERMAN DR 04/21/2006